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AUTHOR Sweet, Richard; And Others
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ABSTRACT

This staff brief was prepared for the Wisconsin Legislative Council's Special Committee on Teenage Pregnancy Prevention and Related Issues. It presents information on teenage pregnancy, programs to deal with teenage pregnancy, and proposed legislation from the 1989-1990 Wisconsin Legislative Session. Part I of the brief provides pregnancy data for the United States and for Wisconsin. Part II looks at state teenage pregnancy prevention programs, including services by the Wisconsin Department of Health and Social Services, the Adolescent Pregnancy Prevention and Pregnancy Services Board, and the Department of Public Instruction. The section on Department of Health and Social Services programs includes discussions of adolescent pregnancy prevention services, adolescent self-sufficiency grants, adolescent services, adolescent choices project grants, pregnancy counseling services grants, family planning grants, block grant funds for adolescent pregnancy prevention and related services, medical assistance for family planning, and grandparent liability. Part III describes four legislative proposals related to teenage pregnancy prevention which were introduced, but failed to be enacted into law, in the 1989-1990 Wisconsin Legislative Session. Proposals discussed relate to adolescent health services and child abuse reporting; sex education in public high schools; establishing a program of grants for clinics to provide school-based health services for adolescents, and creating an adolescent board. Section HSS 107.21 of the Wisconsin Administrative Code and a list of the Adolescent Pregnancy Prevention and Pregnancy Services Board staff and members are appended. (NB)

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OVERVIEW OF TEENAGE PREGNANCY AND PREGNANCY PREVENTION

STAFF BRIEF 90-10

Wisconsin Legislative Council Staff
One East Main Street, Suite 401
Telephone: (608) 266-1304

August 31, 1990

Madison, Wisconsin

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TABLE OF CONTENTS

	Page
INTRODUCTION	1
PART I - PREGNANCY DATA	3
A. UNITED STATES INFORMATION	3
B. WISCONSIN INFORMATION	10
PART II - STATE TEENAGE PREGNANCY PREVENTION PROGRAMS	13
A. DEPARTMENT OF HEALTH AND SOCIAL SERVICES	13
1. Adolescent Pregnancy Prevention Services	13
2. Adolescent Self-Sufficiency Grants	15
3. Adolescent Services	16
4. Adolescent Choices Project Grants	17
5. Pregnancy Counseling Services Grants	19
6. Family Planning Grants	20
7. MCH Block Grant Funds for Adolescent Pregnancy Prevention and Related Services	23
8. Medical Assistance for Family Planning	24
9. Grandparent Liability	26
B. ADOLESCENT PREGNANCY PREVENTION AND PREGNANCY SERVICES BOARD	28
C. DEPARTMENT OF PUBLIC INSTRUCTION	31
1. School Age Parents Program	31
2. Human Growth and Development Instruction	36
PART III - 1989-90 PROPOSED LEGISLATION	39
A. ENROLLED 1989 SENATE BILL 31	39
B. 1989 ASSEMBLY BILL 537	41
C. 1989 SENATE BILL 434	41
D. SENATE AMENDMENT 6 TO 1989 SENATE BILL 542	43
FOOTNOTES	45
APPENDIX A - SECTION HSS 107.21, WISCONSIN ADMINISTRATIVE CODE	47
APPENDIX B - ADOLESCENT PREGNANCY PREVENTION AND PREGNANCY SERVICES BOARD	53

Wisconsin Legislative Council Staff — Madison, Wisconsin

Special Committee on Teenage Pregnancy Prevention and Related Issues — August 31, 1990

STAFF BRIEF 90-10*

OVERVIEW OF TEENAGE PREGNANCY AND PREGNANCY PREVENTION

INTRODUCTION

This Staff Brief was prepared for the Legislative Council's Special Committee on Teenage Pregnancy Prevention and Related Issues. The Special Committee, which was established by a May 24, 1990 mail ballot of the Legislative Council members, is directed to study:

> ...(1) the effectiveness of current state, local and private strategies to reduce pregnancies among teenagers, both statewide and in areas of the state with the highest teen birth rates; (2) whether state, local and private programs could be better coordinated to focus funding and resources where they are most needed; and (3) what new approaches, if any, are needed to reduce adolescent pregnancy in Wisconsin, including approaches to ameliorate its underlying causes.

This Staff Brief presents information on teenage pregnancy, programs to deal with teenage pregnancy and proposed legislation from the 1989-90 Legislative Session.

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*This Staff Brief was prepared by Richard Sweet, Senior Staff Attorney, and Laura Rose and Vanessa Ellis, Staff Attorneys, Legislative Council Staff.

Part I provides background information on teen pregnancy from both a national and Wisconsin point-of-view.

Part II describes programs in Wisconsin that relate to teenage pregnancy, including programs within the Department of Health and Social Services (DHSS), the Adolescent Pregnancy Prevention and Pregnancy Services (APPPS) Board and the Department of Public Instruction (DPI). Throughout this Part of the Staff Brief, reference is made to "1985 Wisconsin Act 56." That Act created or modified a number of the programs described in Part II and resulted from a bill introduced by the Legislative Council on the recommendation of the Council's Special Committee on Pregnancy Options.

Part III describes four pieces of proposed legislation that relate to teenage pregnancy prevention and that were introduced in the 1989-90 Legislative Session, but were not enacted into law.

Footnoted sources are listed at the end of this Staff Brief.

PART I

PREGNANCY DATA

Section A of this Part presents information about teenage pregnancy and pregnancy in general in the United States. Section B presents available information on this topic for Wisconsin.

A. UNITED STATES INFORMATION

Table 1 shows the percentage of teenagers who are sexually active, by race and by sex, based on 1983 data, and shows this information for persons under age 18 and under age 20.

TABLE 1

SEXUAL ACTIVITY AMONG TEENAGERS, BY RACE AND SEX, UNITED STATES, 1983

	Percentage Sexually Active Under Age 18				Percentage Sexually Active Under Age 20			
	Total	White	Black	Hispanic	Total	White	Black	Hispanic
Males	64.0%	60.1%	85.6%	67.1%	83.0%	81.1%	93.9%	84.2%
Females	44.0%	41.6%	59.4%	40.0%	73.6%	72.0%	84.7%	69.5%

SOURCE: National Research Council, "Risking the Future--Adolescent Sexuality Pregnancy and Childbearing," Table 2-7, citing data from 1983 survey (1987).

As can be seen from Table 1, a significantly higher percentage of males are sexually active than are females at both age levels (64.0% vs. 44.0% under age 18; 83.0% vs. 73.6% under age 20). At both age levels, a higher percentage of blacks are sexually active than are whites or Hispanics, for both males and females.

One of the characteristics of teenage sexual activity is a low rate of use of contraceptives. According to a recent report, 38% of 15- to 19-year old males and 41% of 15- to 19-year old females surveyed reported using either an ineffective method or no method of contraception at first intercourse. In the same age group, 23% of males and 29% of females in this age group reported using either an ineffective method or no method of contraception during their last intercourse.[1]

Table 2 shows the rates per 1,000 females of birth, abortion and pregnancy for teenage females, by age, for selected years. Since the pregnancy rate is given as the sum of the birth rate and the abortion rate, the actual pregnancy rate is understated, since it does not include miscarriages.

TABLE 2

BIRTH, ABORTION AND PREGNANCY RATES, PER 1,000 FEMALES, BY AGE AND YEAR, UNITED STATES, 1973, 1977, 1981

	Age of Females								
	14	15	16	17	18	19	15-17	18-19	15-19
Birth Rate									
1973	6.1	16.6	37.5	62.5	83.8	98.7	38.5	91.2	59.3
1977	5.6	14.8	32.9	53.8	73.2	88.3	33.9	80.9	52.8
1981	5.4	14.1	30.4	49.8	71.0	92.2	32.0	81.7	52.7
Abortion Rate									
1973	5.6	11.1	20.1	25.4	29.6	28.3	18.7	28.9	22.8
1977	7.6	15.9	28.0	34.7	56.2	52.1	26.2	54.1	37.5
1981	8.6	19.1	32.3	37.8	63.4	60.3	30.1	61.8	43.3
Pregnancy Rate*									
1973	11.7	27.7	57.5	87.9	113.3	127.0	57.3	120.2	82.1
1977	13.2	30.7	61.0	88.5	129.3	140.4	60.1	135.0	90.3
1981	14.0	33.3	62.6	87.6	134.4	152.5	62.1	143.5	96.0

*The pregnancy rate might not be the exact sum of the birth rate and the abortion rate because of rounding.

SOURCE: Jones, Elise F., et al., "Teenage Pregnancy in Industrialized Counties," Table 2.2, which cites other studies (1986).

Table 2 shows that there was a decline in the birth rate for teens from 1973 to 1981. [This phenomenon is not unique to teens. During the 1970's, there was a decline in the birth rate for all females ages 15 to 44.2] However, there was an increase in the abortion and pregnancy rates over that time period.

Later information shows that the birth rate leveled off and declined only slightly from 1981 to 1986. However, the most recent information shows that the birth rate for teens, as well as the birth rate for females

in general, increased from 1986 to 1988, thereby reversing the earlier trend. From 1986 to 1988, the birth rate per 1,000 females from ages 15 to 19 went from 50.6 to 53.6 (30.6 to 33.8 for 15- to 17-year olds and 81.0 to 81.7 for 18- and 19-year olds).[3]

Table 3 shows the birth rates per 1,000 teenage females, by race, for 1988.

TABLE 3

BIRTH RATES, PER 1,000 FEMALES AGES 15 TO 19, BY RACE, UNITED STATES, 1988

	Age of Females		
	15-17	18-19	15-19
All Races	33.8	81.7	53.6
White	25.5	69.2	43.7
Other Than White	67.6	137.4	95.3
Black*	76.6	150.5	105.9

*Also included in "other than white."

SOURCE: National Center for Health Statistics, U.S. Department of Health and Human Services, "Monthly Vital Statistics Report," Table 3 (August 15, 1990).

Table 3 shows that white teens had a lower birth rate in 1988 than did teens of other races.

Table 4 shows the rates of birth, abortion and pregnancy in 1981 for females ages 15 to 19, by race.

TABLE 4

BIRTH, ABORTION AND PREGNANCY RATES, PER 1,000 FEMALES AGES 15 TO 19, BY RACE, UNITED STATES, 1981

	Total	White	Black
Birth Rate	53	45	97
Abortion Rate	43	39	66
Pregnancy Rate*	96	83	163

*The pregnancy rate might not be the exact sum of the birth rate and the abortion rate because of rounding.

SOURCE: Jones, Elise F., et al., "Teenage Pregnancy in Industrialized Counties," Table 2.2, which cites other studies (1986).

Table 4 shows that the birth rate and abortion rate, and therefore the pregnancy rate, were substantially higher for black teenage females than for white teenage females. The source from which the information in Table 4 was derived also reports a higher percentage of births conceived nonmaritally for black teenage females (92%) than for white teenage females (57%). For all births to teenage females, 67% were conceived nonmaritally. Also, for 39% of white teenage births conceived nonmaritally, the parents subsequently married, compared with 7% of black teenage births conceived nonmaritally.[4]

Table 5, on page 7, shows the birth, abortion and pregnancy rates for females 15 to 19, by state and by race, in 1980.

As can be seen from Table 5, Wisconsin ranked below the national total in rates of birth (39.5 vs. 53.3), abortion (34.0 vs. 42.9) and pregnancy (84.8 vs. 112.3) for females ages 15 to 19. [A note of caution--rates shown in Table 5 should not be compared with those in Tables 3 and 4, since different years are involved and since Table 5 adds a multiplier factor for miscarriages and stillbirths.]

Table 6, on page 8, shows the birth rate for females 15 to 19, by state, for 1980 and 1986 and shows how each state ranked in that regard compared to other states.

While there was a slight decrease from 1980 to 1986 in the teen birth rate for both the United States as a whole and for Wisconsin, some less populous states experienced substantially larger decreases (e.g., Idaho, Iowa, Wyoming). Because other states had larger declines over that six-year period, Wisconsin moved from having the eighth lowest teen birth rate to having the 12th lowest.

Although not shown in Table 6, Wisconsin ranked 18th lowest in both 1980 and 1987 in the percentage of births to females of all ages that were to unmarried females. The Wisconsin percentages were below those for the United States as a whole (13.9% vs. 18.4% unmarried for 1980; 20.7% vs. 24.5% unmarried for 1987).[5]

Finally, Figure 1, on page 9, compares pregnancy rates in the United States with those in five other industrialized countries for females ages 14 to 19.

Figure 1 shows that the birth rate for United States females exceeded that for females in the other five countries at all age levels shown. A separate line in Figure 1 also shows that the birth rate in the United States for white females exceeded that for females in the other five countries at all age levels from 14 to 19.

TABLE 5

BIRTH, ABORTION AND PREGNANCY RATES, PER 1,000 FEMALES AGES 15-19, BY RACE AND STATE, 1980

	Birth			Abortion			Pregnancy*		
	Total	White	Black	Total	White	Black	Total	White	Black
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Number of States	(50)	(50)	(34)	(50)	(32)	(22)	(50)	(32)	(22)
U.S. Total	53.3	**	**	42.9	**	**	112.3	**	**
Alabama	68.3	52.5	102.9	32.2	**	**	117.3	**	**
Alaska	64.4	48.2	**	42.7	**	**	124.2	**	**
Arizona	65.5	59.6	124.3	40.6	39.3	41.2	123.2	114.7	194.5
Arkansas	74.5	62.9	118.2	25.3	25.5	23.4	117.2	103.6	167.6
California	53.3	51.0	89.1	69.3	59.6	150.0	140.2	126.8	271.9
Colorado	49.9	47.6	90.8	48.9	43.4	75.5	113.7	104.9	192.0
Connecticut	30.5	24.4	89.6	40.1	**	**	80.7	**	**
Delaware	51.2	36.9	110.4	40.1	**	**	105.6	**	**
Florida	58.5	42.5	125.7	55.4	**	**	131.2	**	**
Georgia	71.9	53.7	109.9	40.5	42.3	36.1	130.9	111.0	171.6
Hawaii	50.7	30.6	**	40.7	40.4	**	105.6	81.2	**
Idaho	59.5	58.9	**	22.7	22.6	**	96.4	95.5	**
Illinois	55.8	41.4	122.0	30.6	25.3	39.6	100.6	77.5	190.0
Indiana	57.5	52.2	111.7	29.9	26.8	53.3	101.9	92.1	192.7
Iowa	43.0	41.3	**	25.0	**	**	79.0	**	**
Kansas	56.8	51.2	125.4	29.8	28.6	43.8	101.0	92.9	198.6
Kentucky	72.3	69.3	107.3	21.8	**	**	110.7	**	**
Louisiana	76.0	57.8	109.7	24.4	21.6	28.1	118.1	93.1	162.6
Maine	47.4	46.8	**	27.3	27.0	**	86.9	85.9	**
Maryland	43.4	31.4	75.9	64.0	59.1	75.7	122.5	102.7	174.4
Massachusetts	28.1	25.7	73.9	47.3	**	**	85.7	**	**
Michigan	45.0	37.2	92.0	44.0	**	**	102.4	**	**
Minnesota	35.4	32.7	126.3	31.4	30.5	80.5	77.0	72.8	240.1
Mississippi	83.7	56.2	120.3	22.3	26.6	16.4	125.0	96.7	162.4
Missouri	57.8	49.6	114.9	33.6	29.4	60.7	106.4	91.9	204.6
Montana	48.5	42.0	**	31.9	31.6	**	93.3	85.1	**
Nebraska	45.1	41.2	**	24.2	**	**	80.7	**	**
Nevada	58.5	50.3	128.0	67.1	66.8	65.6	144.0	133.8	225.8
New Hampshire	33.6	33.4	**	36.7	**	**	80.7	**	**
New Jersey	35.2	23.4	97.0	48.7	41.3	84.9	95.8	73.6	209.8
New Mexico	71.8	66.3	**	35.8	34.9	**	125.6	118.0	**
New York	34.8	26.2	74.2	53.6	42.0	107.4	100.7	77.6	207.2
North Carolina	57.5	44.8	87.7	37.5	34.8	42.9	110.3	92.1	152.5
North Dakota	41.7	36.2	**	22.5	22.2	**	74.8	67.9	**
Ohio	52.5	46.1	100.2	34.8	29.7	63.7	101.3	88.0	190.3
Oklahoma	74.6	64.4	126.3	27.3	26.6	31.7	119.5	106.6	186.5
Oregon	50.9	49.0	**	52.4	48.7	**	118.7	112.4	**
Pennsylvania	40.5	34.5	90.7	37.9	**	**	90.3	**	**
Rhode Island	33.0	29.8	**	39.6	**	**	83.1	**	**
South Carolina	64.8	48.7	91.9	32.7	35.9	26.9	113.7	98.0	139.8
South Dakota	52.6	43.2	**	21.2	20.2	**	86.4	74.0	**
Tennessee	64.1	55.0	100.4	32.8	32.5	33.1	113.0	101.7	156.9
Texas	74.3	68.3	112.0	43.5	**	**	137.0	**	**
Utah	65.2	64.9	**	14.9	14.2	**	94.6	93.5	**
Vermont	39.5	39.5	**	43.1	42.7	**	94.8	94.4	**
Virginia	48.3	38.2	82.2	44.9	43.5	48.0	107.4	93.7	151.5
Washington	46.7	43.9	96.9	60.3	**	**	122.3	**	**
West Virginia	67.8	67.4	80.0	20.2	**	**	103.6	**	**
Wisconsin	39.5	34.6	127.8	34.0	**	**	84.8	**	**
Wyoming	78.7	76.7	**	29.2	**	**	126.6	**	**

*In order to account for miscarriages and stillbirths, the birth rate was multiplied by 1.2 and the abortion rate by 1.1 by the source for this Table.

**Information unavailable or, for blacks, the black population was under 50,000.

SOURCE: Singh, Susheela, "Adolescent Pregnancy in the United States: An Interstate Analysis," Family Planning Perspectives (September/October 1988).

TABLE 6

BIRTH RATES, PER 1,000 FEMALES AGES 15-19,
BY STATE, 1980 AND 1986

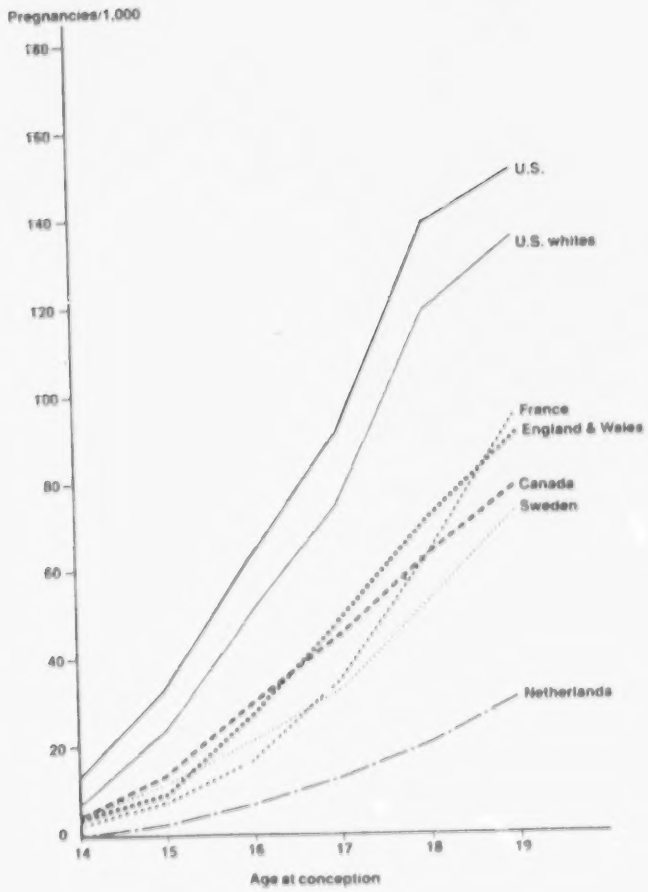
STATE	1980		1986	
	Birth Rate	State Rank*	Birth Rate	State Rank*
Alabama	68.3	42	61.8	42
Alaska	64.4	37	52.3	32
Arizona	65.5	40	68.0	45
Arkansas	74.5	47	69.1	46
California	53.3	26	54.9	35
Colorado	49.9	20	47.1	24
Connecticut	30.5	2	31.2	4
Delaware	51.2	23	49.8	27
Florida	58.5	32	57.7	37
Georgia	71.9	44	65.8	44
Hawaii	50.7	21	45.6	22
Idaho	59.5	34	44.0	18
Illinois	55.8	27	49.7	26
Indiana	57.5	29	50.1	28
Iowa	43.0	12	33.0	5
Kansas	56.8	28	51.4	31
Kentucky	72.3	45	61.1	40
Louisiana	76.0	49	69.5	47
Maine	47.4	17	41.5	14
Maryland	43.4	13	45.5	21
Massachusetts	28.1	1	30.2	2
Michigan	45.0	14	44.0	18
Minnesota	35.4	7	30.1	1
Mississippi	83.7	51	73.7	50
Missouri	57.0	31	53.2	34
Montana	48.5	19	42.4	15
Nebraska	45.1	15	36.8	9
Nevada	58.5	32	58.4	38
New Hampshire	33.6	4	30.5	3
New Jersey	35.2	6	34.2	7
New Mexico	71.8	43	69.9	48
New York	34.8	5	37.0	11
North Carolina	57.5	29	56.0	36
North Dakota	41.7	11	34.3	8
Ohio	52.5	24	49.2	25
Oklahoma	74.6	48	64.8	43
Oregon	50.9	22	43.4	17
Pennsylvania	40.5	10	39.9	13
Rhode Island	33.0	3	36.8	9
South Carolina	64.8	38	61.4	41
South Dakota	52.6	25	43.0	16
Tennessee	64.1	36	59.3	39
Texas	74.3	46	70.4	49
Utah	65.2	39	50.4	29
Vermont	39.5	8	33.8	6
Virginia	48.3	18	45.7	23
Washington	46.7	16	44.1	20
West Virginia	67.8	41	52.5	33
Wisconsin	39.5	8	37.8	12
Wyoming	78.7	50	50.8	30
U.S. TOTAL	53.0	--	50.6	--

*The state ranked no. 1 has the lowest teen birth rate; the state ranked no. 50 or 51 has the highest teen birth rate. [The District of Columbia was ranked 35th in 1980, but not included in this Table because data was not available for 1986.]

SOURCE: Children's Defense Fund, "Children 1990--A Report Card, Briefing Book, and Action Primer," Table 4 (citing other reports).

Figure 1

Pregnancy Rates Per 1,000 Females,
By Age, for Six Industrialized
Counties, 1980



SOURCE: Jones, Elise F., et al., "Teenage Pregnancy in Industrialized Counties," Figure 2.2 (1986).

B. WISCONSIN INFORMATION

Table 7 shows the birth rate per 1,000 Wisconsin females, by age, for 1968, 1978 and 1988.

TABLE 7

BIRTH RATE, PER 1,000 FEMALES IN WISCONSIN BY AGE, 1968, 1978, 1988

Year	Age of Females						
	15-19	20-24	25-29	30-34	35-39	40-44	45+
1968	46.2	182.1	165.2	95.3	46.1	12.5	4.0
1978	36.2	105.0	117.8	63.1	18.8	4.5	0.2
1988	38.4	94.2	116.6	73.9	24.1	4.2	0.3

SOURCE: Center for Health Statistics, Wisconsin Department of Health and Social Services, "Trends in Maternal and Child Health Statistics--Wisconsin--1968-1988," Table 2 (March 1990).

Table 7 shows that the birth rate has declined for Wisconsin females in all age groups over the 20-year period from 1968 to 1988. The most dramatic decreases are in the 20-24, 35-39, 40-44 and 45 and over age groups.

Although abortion rates per 1,000 females are not readily available for specific age groups in Wisconsin, the total number of abortions are available. In 1988, there were 1,961 abortions performed in Wisconsin for Wisconsin residents under age 18 and 2,679 abortions performed in Wisconsin for Wisconsin residents ages 18 and 19 (out of a total of 16,704 abortions performed).[6] This compares with 2,455 births for Wisconsin residents under age 18 and 4,486 births for Wisconsin residents ages 18 and 19 in 1988.[7]

Of all births to Wisconsin females, 11.5% were to teens in 1968. This percentage increased during the 1970's and then leveled off and decreased during the 1980's. In 1988, the percentage was 9.8%.[8]

Table 8 shows births to unmarried females as a percentage of all births, by race, for 1968, 1978 and 1988. The information in Table 8 is for all Wisconsin females and is not age-specific.

TABLE 8

PERCENTAGE OF TOTAL BIRTHS THAT ARE TO UNMARRIED FEMALES IN WISCONSIN, BY RACE, 1968, 1978, 1988

	Percentage Unmarried					
	All Races	White	Black	American Indian	Hispanic	Other
1968	7.3%	5.6%	39.7%	24.6%	*	2.8%
1978	12.6	8.9	65.9	49.6	28.9	3.2
1988	21.9	15.4	79.6	61.1	41.8	6.5

*Not available.

SOURCE: Center for Health Statistics, Wisconsin Department of Health and Social Services, "Trends in Maternal and Child Health Statistics--Wisconsin--1968, 1978, 1988," Table 5 (March 1990).

As Table 8 shows, there has been a substantial increase in the percentage of births to unmarried females over the 20-year period covered by the data, for females of all races. The percentage of births that were to unmarried females went from 39.7% to 79.6% for black females, from 24.6% to 61.1% for American Indian females and from 5.6% to 15.4% for white females between 1968 and 1988. In 1988, nearly 22% of all births were to unmarried females.

Table 9 shows the estimated birth rate per 1,000 females ages 15 to 19 in Wisconsin in 1988, by county. Table 9 shows that the lowest teen birth rates (fewer than 20 births per 1,000 females) were in Dane (17.3), Ozaukee (16.2) and Waukesha (17.7) Counties. The highest teen birth rates (greater than 50 births per 1,000 females) were in Ashland (59.2), Barron (57.0), Forest (54.8), Menominee (171.0), Milwaukee (68.0) and Monroe (52.7) Counties.

TABLE 9

ESTIMATED BIRTH RATE, PER 1,000 FEMALES AGES 15-19
IN WISCONSIN, BY COUNTY, 1988

County	Birth Rate	County	Birth Rate
Adams	41.8	Marathon	39.1
Ashland	59.2	Marinette	29.5
Barron	57.0	Marquette	36.9
Bayfield	48.0	Menominee	171.0
Brown	28.6	Milwaukee	68.0
Buffalo	24.8	Monroe	52.7
Burnett	29.6	Oconto	40.2
Calumet	21.3	Oneida	39.3
Chippewa	46.4	Outagamie	28.9
Clark	47.5	Ozaukee	16.2
Columbia	30.5	Pepin	26.5
Crawford	34.2	Pierce	24.6
Dane	17.3	Polk	46.2
Dodge	32.7	Portage	22.1
Door	32.3	Price	44.6
Douglas	38.7	Racine	47.6
Dunn	29.7	Richland	38.1
Eau Claire	33.7	Rock	46.9
Florence	36.2	Rusk	48.1
Fond du Lac	34.0	Sauk	46.4
Forest	54.8	Sawyer	41.7
Grant	29.3	Shawano	35.4
Green	40.1	Sheboygan	29.0
Green Lake	36.2	St. Croix	31.4
Iowa	32.5	Taylor	39.7
Iron	37.4	Trempealeau	34.4
Jackson	43.9	Vernon	36.6
Jefferson	33.2	Vilas	32.9
Juneau	46.7	Walworth	31.9
Kenosha	45.0	Washburn	45.1
Kewaunee	31.8	Washington	28.7
La Crosse	28.6	Waukesha	17.7
Lafayette	28.3	Waupaca	41.0
Langlade	33.6	Waushara	40.6
Lincoln	45.5	Winnebago	36.2
Manitowoc	28.9	Wood	31.1

SOURCE: State of Wisconsin Legislative Audit Bureau, "An Evaluation of the Abortion Prevention and Family Responsibility Act--1985 Wisconsin Act 56," Appendix 1 (February 1990).

PART II

STATE TEENAGE PREGNANCY PREVENTION PROGRAMS

This Part of the Staff Brief describes current state programs relating to teenage pregnancy prevention. In Wisconsin, the DHSS, the APPPS Board and the DPI administer teenage pregnancy prevention programs.

In this Part, pregnancy prevention programs and programs which serve teenagers who are already parents and which have a pregnancy prevention component, such as the School Age Parents programs, are described. Various programs which serve teen parents but do not have teen pregnancy prevention as an explicit goal are not covered. These programs, primarily vocational in nature, include the Carl Perkins Vocational Education Act; the Job Training Partnership Act; and the Job Opportunities and Basic Skills program (the employment and training program for individuals receiving Aid to Families with Dependent Children).

In this Part, Section A describes programs within the DHSS; Section B describes the APPPS Board grant program; and Section C describes programs within the DPI.

A. DEPARTMENT OF HEALTH AND SOCIAL SERVICES

This section describes teenage pregnancy prevention programs within the DHSS. This section also includes a discussion of general family planning programs, because these programs generally serve a large teenage population, as well as individuals who are beyond their teenage years.

1. Adolescent Pregnancy Prevention Services

1987 Wisconsin Act 27 established the Adolescent Pregnancy Prevention Services program under s. 46.995 (3), Stats. Under this program, the DHSS has been appropriated $340,000 for fiscal year 1989-90 and $340,000 for fiscal year 1990-91 to provide grants to public or private entities or Indian tribes to provide services to high-risk adolescents. Under the relevant statutory definition, high-risk adolescents are characterized by low self-esteem, alcohol or drug abuse, serious emotional family conflict, poverty, low school achievement or other significant problems.

The focus of these adolescent pregnancy prevention services is to "...increase development of decision-making and communication skills, promote graduation from high school and expand career and other options," and address needs of adolescents with respect to pregnancy prevention [s. 46.995 (3) (a), Stats.].

The statute requires that grant awards, except with respect to those made to an Indian tribe or band, shall be based on a ranking of counties on all of the following factors, with counties with the highest rankings receiving priority:

(a) Highest numbers of births to adolescent mothers.

(b) Highest rate, by county population of adolescents, of births to adolescents.

(c) Highest rate, by county population, of participation in the aid to families with dependent children program under s. 49.19.

(d) Highest percentage, by county population of births to unmarried adolescents, of births to adolescents.

For the 1989-91 biennium, the DHSS funded seven adolescent pregnancy prevention projects administered by public or private entities and three projects administered by Indian tribes or bands.

Table 10 shows projects funded for the 1989-91 biennium.

TABLE 10

1989-91 ADOLESCENT PREGNANCY PREVENTION GRANTS
[SECTION 46.995 (3), STATS.]

GRANTEE	GRANT AMOUNT	
	1989-90	1990-91
Superior School District	$33,200	$33,200
Kenosha County, Department of Social Services	39,600	39,600
New Concepts: Milwaukee	60,256	60,256
Teen Pregnancy Services: Milwaukee	90,384	--
Milwaukee Medical Center	--	90,384
Racine County, Department of Health Services	24,968	24,968
Racine/Kenosha Urban League: Racine	20,712	20,712
Beloit Health Department	40,880	40,880
Bad River Tribe: Odanah	8,735	8,735
Sokaogon Tribe: Crandon	7,014	7,014
Winnebago Tribe: Tomah	14,250	14,250
TOTAL	$339,999	$339,999

SOURCE: Department of Health and Social Services, Bureau of Children, Youth and Families.

As can be seen from the Table, almost half ($150,640) of the funds each year were awarded to Milwaukee agencies. Tribal agencies receive a total of $29,999 in each year of the biennium out of the $340,000 available.

2. Adolescent Self-Sufficiency Grants

1987 Wisconsin Act 27 also established the Adolescent Self-Sufficiency Services Grant program. For fiscal years 1989-90 and 1990-91, DHSS was appropriated $582,100 in each year to provide grants to public or private agencies or Indian tribes or bands to provide what is termed "adolescent self-sufficiency services." These are services focused on adolescent parents and emphasize high school graduation and vocational preparation, training and experience. The programs may be structured to improve adolescent parenting skills and the ability to fulfill parental responsibilities.

The same priorities which exist for awarding adolescent pregnancy prevention grants, described in the preceding section, are used to award these grants.

Although these programs do not explicitly mention pregnancy prevention as a component, it is probable that many of these programs emphasize prevention of further teenage pregnancies, in order to attain the explicit goals of the self-sufficiency programs.

Table 11 shows the recipients of adolescent self-sufficiency grants for fiscal years 1989-90 and 1990-91.

TABLE 11

1989-91 ADOLESCENT SELF-SUFFICIENCY GRANTS
[SECTION 46.995 (2), STATS.]

GRANTEE	GRANT AMOUNT	
	1989-90	1990-91
Superior School District	$55,645	$55,645
Kenosha County, Department of Social Services	66,646	66,646
Children's Service Society of Wisconsin: West Allis	12,500	12,500
Family Services of Milwaukee	50,000	50,000
SER-JOBS for Progress: Milwaukee	200,200	200,200
Racine County Health Department	76,013	76,013
Beloit Health Department	61,938	61,938
Janesville YWCA	7,242	7,242
Great Lakes Inter-Tribal Council	25,000	25,000
Lac du Flambeau Menominee Tribe: Keshena	25,000	25,000
TOTAL	$580,184	$580,184

SOURCE: Department of Health and Social Services, Bureau of Children, Youth and Families.

As shown by Table 11, over $250,000 per year, or almost half of the $580,184 in grants, was awarded to Milwaukee grantees. Indian tribes received a total of $50,000 per year from the available grant money. Agencies from the southern and southeastern part of the state, as well as the Superior School District, received the remaining grant funds.

3. Adolescent Services

1989 Wisconsin Act 31, SECTION 3023 (22c), created the Adolescent Services program. As passed by the Legislature, the program was intended to be entitled the "Adolescent Pregnancy Prevention Services" program. The Governor item-vetoed the references to pregnancy prevention which were contained within the text, leaving the program to be entitled "Adolescent Services" and having an emphasis on components other than pregnancy prevention.

Under the Adolescent Services program, the DHSS is appropriated $350,000 in each year of the biennium for adolescent services projects. Of this amount, $250,000 in each year of the biennium is allocated for the development of an adolescent resource center in Milwaukee to provide services including educational tutoring; counseling; recreational programming; health care; employment skills training; job intake and placement support; family social services; alcohol and other drug abuse programming; and cultural enrichment activities. The statutory directive was accomplished by award of a grant to the Life Options Coalition in Milwaukee, which is in the process of developing a comprehensive resource center for youth in a high-need area in the City of Milwaukee.

The remaining funds for the Adolescent Services program are to be used to provide two grants of $50,000 each to organizations in Milwaukee County, operated by members of a racial minority for members of that minority, to provide services related to the development of adolescent parenting skills. For the 1989-91 biennium, these awards went to the Milwaukee Urban League and the New Concepts Self-Development Center.

Table 12 summarizes the grant awards for the Adolescent Services program for the 1989-91 biennium.

TABLE 12

1989-91 ADOLESCENT SERVICES GRANTS
[1989 WISCONSIN ACT 31, SECTION 3023 (22c)]

GRANTEE	GRANT AMOUNT	
	1989-90	1990-91
Life Options Coalition: Milwaukee	$250,000	$250,000
New Concepts: Milwaukee	50,000	50,000
Urban League: Milwaukee	50,000	50,000
TOTAL	$350,000	$350,000

SOURCE: Department of Health and Social Services, Bureau of Children, Youth and Families.

4. Adolescent Choices Project Grants

The Adolescent Choices program has been in existence since 1985. Created by the Wisconsin Women's Council and originally administered by the Council, the Choices program was transferred from the Women's Council to the DHSS by 1987 Wisconsin Act 27. The program is currently administered by the DHSS's Bureau of Children, Youth and Families.

1989 Wisconsin Act 31 created s. 46.997, Stats., which contains modified language governing the Adolescent Choices project grants program. Like the Adolescent Services program, the Adolescent Choices program is not an explicit teenage pregnancy prevention program. The primary goal of the Adolescent Choices program is to encourage adolescents to pursue economic self-sufficiency by exploring different career options which provide employment at wages above the minimum wage. However, reducing adolescent pregnancy is one of the goals of the Adolescent Choices program. Section 46.997 (2) lists the following as goals of the Adolescent Choices program:

> (a) Reducing adolescent pregnancy and high school dropout rates.
>
> (b) Increasing economic self-sufficiency and expanding career options for adolescents, particularly options with respect to occupations with wages higher than the minimum wage.
>
> (c) Enhancing individual adolescent self-esteem, interpersonal skills and responsible decision-making.
>
> (d) Neutralizing sex-role stereotyping and bias.

1989 Wisconsin Act 31 appropriated $65,500 in fiscal year 1989-90 and $65,500 in fiscal year 1990-91 to the DHSS to solicit grant applications from organizations and provide technical assistance to grantees. In addition, Act 31 appropriated $210,000 for each of fiscal years 1989-90 and 1990-91 to make grants for Adolescent Choices projects.

Under the Adolescent Choices program, as administered by the DHSS, one public agency or private nonprofit organization in each of the six DHSS regions of Wisconsin, and one Indian tribal project, receive a $30,000 grant. Grantees for projects for the 1989-91 biennium are shown in Table 13.

TABLE 13

1989-91 ADOLESCENT CHOICES PROJECT GRANTS
[SECTION 46.997, STATS.]

GRANTEE	GRANT AMOUNT	
	1989-90	1990-91
Southern Region: Briarpatch (Madison)	$30,000	$30,000
Northern Region: CESA #5 (Portage)	30,000	30,000
Western Region: CESA #11 (Cumberland)	30,000	30,000
Southeastern Region: Friends of Abused Families (West Bend)	30,000	30,000
Milwaukee Region: Big Brothers/Big Sisters (Milwaukee)	30,000	--
Milwaukee Region: Today's Girls/Tomorrow's Women (Milwaukee)	--	30,000
Eastern Region: Youth Services (Appleton)	30,000	30,000
Tribal: Great Lakes Inter-Tribal Council (Lac du Flambeau)	30,000	30,000
TOTAL	$210,000	$210,000

SOURCE: Department of Health and Social Services, Bureau of Children, Youth and Families.

Adolescent Choices project grantees are required to demonstrate how they will coordinate their services with other public or private resources, programs or activities in the region. With the funding provided, each Adolescent Choices project employs a project director to coordinate the program within the particular region. Some of the activities of the regional projects include public information distribution on Adolescent Choices; sponsoring conferences and workshops; providing directories of services for adolescents within the region; providing classroom presentations to adolescent girls on various career options and other issues; and providing Saturday conferences for adolescent girls on career options, self-esteem enhancement and other issues emphasized by the Adolescent Choices program.

5. Pregnancy Counseling Services Grants

The Pregnancy Counseling Services grant program was created by 1985 Wisconsin Act 29. 1989 Wisconsin Act 31 appropriated $275,000 in each year of the biennium to the DHSS for the Pregnancy Counseling Services grant program under s. 146.75, Stats. Section 146.75 provides the authority to the DHSS to make the grants and provides that, for a program to be eligible for a grant, an applicant must demonstrate that grant moneys will not be used to perform an abortion.

Under the program, as administered by the DHSS, funds for pregnancy counseling services are divided into three categories: (a) pregnancy prevention programs; (b) crisis pregnancy programs; and (c) parenting skills programs. These funds are administered jointly by the Division of Health and the Division of Community Services within the DHSS.

Table 14 shows pregnancy counseling services programs funded for the 1989-91 biennium; the Table also indicates which category of services each project provides.

TABLE 14

1989-91 PREGNANCY COUNSELING SERVICES GRANTS
[SECTION 146.75, STATS.]

GRANTEE	GRANT AMOUNT	
	1989-90	1990-91
Kenosha County, Department of Social Services (Crisis Pregnancy)	$28,786	$28,786
Family Services of Milwaukee (Crisis Pregnancy)	33,786	33,786
Rosalie Manor, Milwaukee (Crisis Pregnancy)	37,536	37,536
Racine County Health and Nutrition Services (Crisis Pregnancy)	26,734	26,734
Sixteenth Street Community Health Center, Milwaukee (Parenting)	32,960	32,960
New Concepts, Milwaukee (Parenting)	38,786	38,786
Milwaukee Comprehensive Community Health (Pregnancy Prevention)	38,786	38,786
Milwaukee Urban League	37,626	37,626
TOTAL	$275,000	$275,000

SOURCE: Department of Health and Social Services, Bureau of Children, Youth and Families.

One program, Milwaukee Comprehensive Community Health (MCCH), received a pregnancy counseling services grant for pregnancy prevention. The grant funds are used for the operation of a high school-based and a community health clinic in the City of Milwaukee. Two projects, both in Milwaukee, were funded to provide services to adolescent parents. Services provided include parenting skills classes, counseling, education, day care location assistance, family planning information, support groups and advocacy with other social services systems.

The remaining funds were used for crisis pregnancy projects. The crisis pregnancy programs focus on young women, generally teens (although some focus on pregnant women under the age of 25), who are affected by special problems or conditions that increase the likelihood that they will not receive adequate prenatal care and will be unable to provide for the personal and financial needs of her child.

6. Family Planning Grants

"Family planning" is defined in s. 146.80 (1) (a), Stats., as "voluntary action by individuals to prevent or aid conception but does not include the performance, promotion or encouragement of voluntary termination of pregnancy." "Family planning services" are defined, in s. 146.80 (1) (b), Stats., as "counseling by trained personnel regarding family planning; distribution of information relating to family planning; and referral to licensed physicians or local health agencies for consultation, examination, medical treatment and prescriptions for the purpose of family planning, but does not include the performance of voluntary termination of pregnancy."

Family planning clinics receive public funds in Wisconsin from three separate sources: (a) state general purpose revenue (GPR) family planning funds; (b) federal Maternal and Child Health (MCH) block grant funds under Title V of the Social Security Act; and (c) federal family planning funds under Title X of the National Family Planning Act.

1989 Wisconsin Act 31 appropriated $1,564,000 GPR for each fiscal year in the 1989-91 biennium for family planning services. Of this money, $1,150,000 in each year is allocated by the state to various county agencies for family planning programs. The remaining $414,000 GPR for each of these fiscal years was allocated by the Legislature to specific programs, including $225,000 for each fiscal year to establish two city-based clinics for delivery of family planning services in Milwaukee, Racine or Kenosha. The remaining $189,000 for each fiscal year is used for various cancer screening and sexually transmitted disease programs operated by family planning clinics, as well as the employment of various minority group health professionals by family planning clinics.

For calendar year 1989, the state allocated $1,069,196 in MCH Title V block grant moneys for distribution to family planning agencies in

counties throughout the state. Combined with the $1,150,000 GPR for family planning each fiscal year, the DHSS is responsible for distributing $2,219,196 each fiscal year.

Finally, in calendar year 1989, $2,257,300 in Title X funds were allocated by Planned Parenthood of Wisconsin, the agency in Wisconsin which receives Title X funds directly from the federal government for distribution to family planning programs. Of this amount, $1,334,260 was allocated for medical services ($141,573 of this amount was for administration of this allocation); $549,434 was allocated for local and statewide education and community services; and $373,606 was allocated for administration and planning for the 21 counties in the state receiving Title X funding for family planning programs.

Section 146.80, Stats., sets out the guidelines for the distribution of both state and federal family planning funds in Wisconsin. Under s. 146.80, the DHSS is required to allocate state and federal family planning funds under its control in a manner which will promote the development and maintenance of an integrated system of community health services. The DHSS is directed to maximize the use of existing community family planning services by encouraging local contractual arrangements. The statute requires coordination of the delivery of family planning services by allocating family planning funds in a manner which maximizes coordination between agencies, including county social services departments, family planning agencies and local health agencies.

In 1989, 49,225 clients received services from agencies which received state-administered Title V and GPR family planning funds. An additional 71,946 clients received services from Title X providers, for a total of 121,171 clients.

According to the DHSS' Division of Health, approximately 35% of clients receiving services from providers receiving Title V and GPR funds were between the ages of 15 and 19. According to Planned Parenthood of Wisconsin, approximately 14% of clients receiving services funded by Title X were minor female teens (under age 18).

Table 15 lists, by family planning provider receiving Title V and GPR funds for 1989, the counties served by each provider and the amount of funds received.

TABLE 15

1989 FAMILY PLANNING FUNDS ADMINISTERED
BY THE STATE OF WISCONSIN, BY PROVIDER

PROVIDER	COUNTIES SERVED	FUNDING LEVEL*
Barron County Public Health	Barron	$45,640
Berlin Hospital	Green Lake, Marquette	7,693
Burnett County Public Health	Burnett	17,480
Clark County Public Health	Clark	29,881
Dunn County Public Health	Dunn	36,143
Eau Claire City/County Health Department	Eau Claire	64,877
Family Health of Central Wisconsin	Waushara	26,932
Family Planning Health Services	Adams, Juneau, Langlade, Lincoln, Marathon, Portage, Taylor	367,812
Health Care Clinic	Ashland, Bayfield, Douglas, Iron	184,411
Menominee Indian Tribal Clinic	Menominee	26,261
Northeast Wisconsin Community Action Program (NEWCAP)	Florence, Forest, Marinette, Oconto	146,929
Oneida County Public Health	Oneida	34,398
Oneida Tribal Clinic	Oneida Tribe	41,142
Pepin County Health Department	Pepin	6,528
Pierce County Health Department	Pierce	44,329
Planned Parenthood of Wisconsin	Brown, Calumet, Chippewa, Dodge, Door, Fond du Lac, Green, Jefferson, Kewaunee, Outagamie, Shawano, Waupaca, Winnebago, Wood	729,792
Polk County Public Health	Polk	38,445
Price County Public Health	Price	19,116
Rusk County Public Health	Rusk	22,614
Sawyer County Public Health	Sawyer	23,932
Sixteenth Street Community Health Center	Milwaukee	31,534
Southwest Wisconsin Community Action Program	Grant, Iowa, Lafayette	166,442
St. Croix County Public Health	St. Croix	38,630
Vilas County Health Services	Vilas	19,259
Washburn County Public Health	Washburn	15,149
TOTAL		$2,185,369 *

*Cost of living increase for 1989 not reflected in these figures.

SOURCE: Department of Health and Social Services, Division of Health.

Table 16 lists, for 1989, counties with providers receiving Title X family planning funds and the amounts received.

TABLE 16

1989 FAMILY PLANNING TITLE X FUNDING FOR DIRECT HEALTH CARE SERVICES ADMINISTERED BY PLANNED PARENTHOOD OF WISCONSIN, BY COUNTY

COUNTY	FUNDING LEVEL
Columbia	$14,416
Crawford	11,149
Dane (All Sites)	57,046
Jackson	4,205
Kenosha	22,762
La Crosse	133,791
Manitowoc	5,341
Milwaukee (All Sites)	482,131
Monroe	20,440
Ozaukee	16,345
Racine	83,891
Richland	11,149
Rock (All Sites)	121,588
Sauk	39,527
Trempeleau*	51,862
Vernon	9,291
Walworth	17,773
Washington	39,398
Waukesha	50,582
TOTAL	$1,192,687

*Also includes allocation for costs for serving Buffalo County.

SOURCE: Planned Parenthood of Wisconsin, Inc.

7. MCH Block Grant Funds for Adolescent Pregnancy Prevention and Related Services

MCH block grant funds, in addition to being allocated for family planning as described above, are allocated for adolescent health services, including (a) primary and secondary adolescent pregnancy prevention and (b) adolescent parenting. Primary prevention programs are aimed at adolescents, to attempt to prevent them from having their first pregnancy in their adolescent years. Secondary prevention activities are aimed at preventing subsequent adolescent pregnancies for adolescents who have already had one pregnancy.

In calendar year 1989, $333,784 in MCH block grant funds were allocated to primary adolescent pregnancy prevention programs; $731,204 was allocated to pregnancy and parenting programs with secondary pregnancy prevention as a component. The total funds in 1989 for these programs were $1,064,988.

Adolescent pregnancy prevention and parenting projects funded in 1989 with MCH block grant funds, the area served and funding levels are shown in Table 17, on page 25. For 1990, exact funding figures were not available from the DHSS, although, according to the DHSS, projects received the same grant amounts which they received in 1989, plus a cost of living increase. For 1990, all of the same projects were funded as in 1989, with the exception of Milwaukee Comprehensive Community Health, which operated a school-based health clinic and a community health clinic. The community health clinic's funding was discontinued, and the school-based clinic is being operated in 1990 by Milwaukee's Isaac Coggs Health Connection.

8. Medical Assistance for Family Planning

The Medical Assistance (MA; also called "Medicaid") program is a joint federal- and state-financed program which provides medical and health care services to eligible low-income individuals and families. The program was authorized in 1965 under Title XIX of the Social Security Act [42 U.S.C. s. 301, et seq.]. Under state law, the program is governed by ss. 49.43 to 49.497, Stats.

Medical Assistance is an entitlement program for which persons may be eligible if they meet certain financial and nonfinancial criteria. Those persons determined eligible for MA are entitled to have payment made by the state for covered services furnished by certified MA providers. The state then receives partial federal reimbursement payments, known as federal financial participation (FFP). The rate of FFP each state receives is based on a federal formula.

Under s. 49.46 (2) (a) 4 f, Stats., the DHSS is required to audit and pay allowable charges to certified providers on behalf of MA recipients for family planning services and supplies, as prescribed by a physician. This allows individuals who are eligible for MA and who receive services from a certified provider to receive family planning services and supplies and have these costs covered by the MA program.

Section HSS 107.21, Wis. Adm. Code, describes in detail which family planning services are covered. Section HSS 107.21 is shown as Appendix A. Examples of covered services include an initial physical examination and health history, laboratory and other diagnostic services, counseling services, contraceptive methods, office visits and contraceptive supplies.

TABLE 17

1989 ADOLESCENT PREGNANCY PREVENTION AND PARENTING PROGRAMS FUNDED BY MCH BLOCK GRANT

ADOLESCENT HEALTH AND RISK REDUCTION (INCLUDING PRIMARY PREGNANCY PREVENTION)	AREA	MCH BLOCK GRANT FUNDS
Milwaukee Comprehensive Community Health	City of Milwaukee-School Based and Community Clinics	$176,000
Sixteenth Street Community Health Center	City of Milwaukee	33,056
Brown Deer Health Department	Milwaukee County	3,939
Franklin Health Department	Milwaukee County	6,273
Waukesha Health Department	Waukesha County	34,121
Operation Fresh Start	Dane County	8,160
La Crosse Lutheran Hospital: Teen Health Service	La Crosse County	72,235
SUBTOTAL		$333,784
ADOLESCENT PREGNANCY AND PARENTING PROJECTS (INCLUDING SECONDARY PREGNANCY PREVENTION)	AREA	MCH BLOCK GRANT FUNDS
Teen Pregnancy Service	Milwaukee County	$275,893
Pregnancy Early Assessment Project	Milwaukee	192,036
New Concepts Self-Development Center	Milwaukee	3,019
Rock County Health Department	Rock County	57,023
Nutrition and Health Community Services	Beloit	30,086
Madison Metropolitan School District-School Age Parent Program	Madison	39,892
St. Joseph's Hospital	Marshfield and Surrounding Counties	61,020
La Crosse Lutheran Hospital-Teen Health Service	La Crosse and Surrounding Counties	72,235
SUBTOTAL		$731,204
TOTAL		$1,064,988

According to the DHSS, Wisconsin expended approximately $3,762,442 on MA for family planning for the 1989-90 fiscal year. Of this amount, 59.29% was federal funds and 40.71% was state funds. Data which shows the amounts expended by age group is not collected, so it is not possible to determine the amounts expended for family planning services to adolescents under the MA program.

9. Grandparent Liability

1985 Wisconsin Act 56 created the grandparent liability law. The basic provisions of this law are set forth in s. 49.90 (1) (a) 2, Stats. Under grandparent liability, the parent of a dependent person under the age of 18 is required to maintain a child of the dependent person (e.g., the grandchild) so far as the parent is able and to the extent that the dependent person is unable to do so until the minor parent reaches age 18.

The Legislature passed the grandparent liability law with the belief that making parents financially liable for their dependent child's offspring would increase communication between parents and their children about the issue of teenage pregnancy and its prevention. A secondary goal of the Legislature in passing the law was to reduce public assistance payments to teenage parents by having the grandparents be financially responsible for the dependent person's child.

The grandparent liability law provides that a county may apply to the circuit court of the county for an order to compel the maintenance of the grandchild under the grandparent liability law. In addition to the county, other persons are authorized to bring grandparent liability actions on behalf of the child of a dependent minor parent. These persons include any grandparent who is liable to provide maintenance under the grandparent liability law, the child of a dependent minor (the grandchild) or the child's parent. A county child support agency, a county department of social services or human services under s. 46.215, 46.22 or 46.23, Stats., or the DHSS may also initiate an action to obtain maintenance of a child by the child's grandparent, regardless of whether the child receives public assistance.

The grandparent liability law provides that the parent of a dependent person who supports a grandchild after the dependent person reaches age 18 may bring a court action for an order to compel restitution by the dependent person of the amount of support provided to the grandchild by the grandparent. The court may order restitution after considering the financial resources and future ability of the dependent person to pay the restitution.

When originally enacted, the grandparent liability law was scheduled to "sunset" (i.e., expire) on December 31, 1989. The 1989-91 Biennial Budget Act (1989 Wisconsin Act 31) repealed the sunset provision.

Recently, the Legislative Audit Bureau (LAB) issued Audit Report 90-5, evaluating 1985 Wisconsin Act 56, including the operation of the grandparent liability law up to the time of the audit. The LAB reviewed a DHSS report on the grandparent liability program which showed that of 447 potential grandparent liability cases which were reviewed between August 1, 1986 and April 30, 1988 by county personnel as possible grandparent liability cases, only 107 were referred to district attorneys and only 13 resulted in court orders for support. Support payments received averaged $129 per month, ranging from $13 to $400 per month for an average of nine months. Twenty-one individual grandparents were ordered to make support payments, which averaged $80 per month per grandparent [Legislative Audit Bureau, An Evaluation of the Abortion Prevention and Family Responsibility Act--1985 Wisconsin Act 56, Audit Report 90-5, p. 29 (February 1990)].

The Audit Bureau report also discussed the degree to which affected teenagers were aware of the law. Based on a DHSS review, only 10% of 1,183 high school students surveyed were sufficiently aware of the law to describe it correctly, while 48% of the 800 parents surveyed knew of the law. However, the Audit Bureau report stated that, in a small number of cases (an estimated 10% of those who were aware of the law), parents stated that it increased family communication on the subject of teenage pregnancy and its prevention [Audit Report 90-5, p. 29].

The Audit Bureau report also noted that because of the small amount of grandparent support collected ($15,100 during the evaluation period), there has been a very slight corresponding reduction in public assistance payments to the affected individuals.

As a result of the Audit Bureau report, the DHSS hired a half-time, limited-term employe for two years to publicize the grandparent liability law throughout the state. This employe is responsible for developing a statewide campaign to increase public awareness of the purposes and achievements of the grandparent liability law and to:

a. Coordinate the development and dissemination of grandparent liability information, including human growth and development instruction, with the DPI and appropriate county agencies and officials involved in grandparent liability enforcement;

b. Develop model guidelines, procedures and referral forms for counties to use to identify appropriate cases for pursuit of grandparent support;

c. Develop model procedures for counties to use to negotiate support settlements with grandparents; and

d. Establish a limited reporting system to obtain the number of grandparent liability cases reported by county child support agencies.

B. ADOLESCENT PREGNANCY PREVENTION AND PREGNANCY SERVICES BOARD

This Section describes the Adolescent Pregnancy Prevention and Pregnancy Services Board ("APPPS Board") and grants awarded by the Board.

In 1985, the Legislature established the APPPS Board as part of Wisconsin's effort to reduce the number of adolescent pregnancies and improve services provided to adolescents who become pregnant. 1985 Wisconsin Act 56 created the APPPS Board and empowered the Board to award grants to organizations to fund or help fund adolescent pregnancy prevention programs or pregnancy services. [See ss. 15.195 (5), 20.434 and 46.93, Stats.]

The APPPS Board consists of 13 members--six voting members; six nonvoting members who represent various state agencies concerned with preventing adolescent pregnancy; and the Executive Director of the Women's Council, who serves as the APPPS Board Chairperson.

The six voting members are nominated for APPPS Board membership by statewide organizations that together represent an equal balance of viewpoints on pregnancy prevention and pregnancy services and are then appointed by the Governor for staggered three-year terms. In practice, the APPPS Board has had three voting members in support of, and three members in opposition to, access to abortion. A list of current APPPS Board members and staff is provided in Appendix B to this Staff Brief.

Section 46.93 (2), Stats., provides that grants may be awarded by the APPPS Board for health care, education, counseling and vocational training. Specific types of adolescent pregnancy services and prevention programs eligible for APPPS Board grants include all of the following:

(1) Adolescent health clinics located in schools.

(2) A statewide communications media campaign to discourage adolescent sexual activity and encourage the assumption of responsibility by adolescents, including male adolescent responsibility, for their sexual activity and for parenting.

(3) Adoption counseling for adolescents.

(4) Residential facilities for pregnant adolescents.

(5) Adult role model programs for adolescents.

Although the APPPS Board may not disapprove an application for an APPPS Board grant from an applying organization solely because the

organization has a religious affiliation, s. 46.93 (3m), Stats., prohibits the use of APPPS Board grant awards for the following activities:

(1) The singing or reading of prayers.

(2) The existence of restrictions, based on religion or absence of religion, on persons applying for or receiving services under the grant.

(3) The supplying or promotion of written material that has a religious context.

In addition, organizations that receive APPPS Board grants may not use the funding received for any of the following:

(1) Purchasing or dispensing contraceptives in adolescent health clinics located in schools.

(2) Providing abortions.

(3) Advertising abortion services in a statewide communications media campaign.

1989 Wisconsin Act 31 appropriated $461,800 GPR for each fiscal year of the 1989-91 biennium for grants. In addition, $84,900 GPR was appropriated for each fiscal year for administration.

The APPPS Board awards grants through a competitive bid process explained in ch. APP 1, Wis. Adm. Code. Of the $461,800 appropriation for 1990-91, $184,800 is available on an "as needed" basis for the continuation of selected adolescent pregnancy prevention youth services projects funded by the Board in the previous fiscal year and $277,000 has been allocated for primary adolescent pregnancy prevention projects not previously funded. Tables 18 and 19 show the grantees of youth services projects funded for fiscal year 1990-91:

TABLE 18

1990-91 PROJECTS
PREVIOUSLY FUNDED*

GRANTEE	GRANT AMOUNT
Cooperative Educational Service Agency (CESA) #9, Tomahawk	$40,000
Children's Services Society of WI, Madison	$36,080
Hayward Community Schools, Hayward	$40,000
Teen Pregnancy Service, Milwaukee	$39,684
YOUTH-GO, Menasha	$29,000
TOTAL	$184,764

*These projects were also funded in fiscal year 1989-90.

SOURCE: APPPS Board staff.

TABLE 19

1990-91 PROJECTS NOT PREVIOUSLY FUNDED*

GRANTEE	AMOUNT
Kenosha County Health Department, Kenosha	$69,000
Lutheran Hospital-La Crosse Teen Health Service, La Crosse	$28,043
Marshfield Medical Research Foundation, Marshfield	$68,560
Silver Spring Neighborhood Center, Milwaukee	$69,000
Waushara County Department of Social Services, Wautoma	$42,376
TOTAL	$276,979

*These youth services projects first received funding for fiscal year 1990-91.

SOURCE: APPPS Board staff.

As part of its audit summary of 1985 Wisconsin Act 56, the LAB evaluated the APPPS Board and recommended the following:

(1) The Board should change its grant evaluation review procedure to allow for discussion among evaluators prior to the final scoring of grant proposals.

(2) The Board should devise a means of confirming the accuracy of the level of community support indicated in each grant proposal.

(3) The Board should present to the Legislature, by September 1, 1991, information and analysis on: (a) the behaviors and attitudes of adolescents who have participated in Board-funded projects; and (b) where possible, the extent to which projects have had a discernible effect on adolescent pregnancies.

The APPPS Board provided the following response to the three LAB recommendations:

(1) The Board stated that it has traditionally followed evaluation procedures utilized by the DHSS, but has and will look into alternative grant proposal evaluation procedures.

(2) The Board agreed that it is important to confirm the level of community support for a grant proposal and is working on ways to document this better.

(3) The Board agreed that program evaluation should be an integral part of every project. The Board stated it would continue to provide the Legislature with annual reports, as it has done for the previous four years.

C. DEPARTMENT OF PUBLIC INSTRUCTION

This Section describes two programs, the School Age Parents program and human growth and development instruction, which are administered by the DPI. Each of these programs have components which are aimed towards preventing adolescent pregnancy. Other programs through the DPI, which may be focused on adolescent parents but do not include pregnancy prevention as an explicit goal (because they are, for example, vocationally oriented), are not described here.

1. School Age Parents Program

The School Age Parents program is governed by subch. VI of ch. 115, Stats. [ss. 115.91 to 115.93]. Section 115.91 (1), Stats., defines a "school age parent" as "any person under the age of 21 who is not a high

school graduate and is a parent, an expectant parent or a person who has been pregnant within the immediately preceding 120 days."

Under s. 115.915, Stats., each school board is required to make available, to any school age parent who is a school district resident, program modifications and services that will enable the pupil to continue his or her education. This requirement has been in effect since 1983.

Under s. 115.92, Stats., any school board is permitted to establish a program for school age parents who are school district residents. If established, the program must be designed to provide services and instruction to meet the needs of school age parents, including:

a. Education on parenting skills;

b. Information on family planning, including natural family planning; and

c. Information on adoption services.

If a program is established, it must be coordinated with existing vocational and job training programs in the school district. In Wisconsin, funds are provided through the Federal Carl Perkins Vocational Education Act [P.L. 98-524] to fund vocational and job training programs for school age parents. In 1989, the state funded 20 projects receiving $629,481 under that program.

Section 115.93, Stats., provides for state aid to school districts which operate School Age Parents programs. Each district operating a program is required to submit a statement of receipts and disbursements by August 15 of each year for program costs incurred during the preceding school year. After review by the Superintendent of Public Instruction, each school district is entitled to receive a sum equal to 63% of the amount expended by the school district during the preceding school year for salaries of teachers and instructional aids, special transportation and other expenses approved by the State Superintendent. The approved amount is paid to the school district from the appropriation under s. 20.255 (2) (b), Stats. If the amount in the appropriation is insufficient to pay 63% of each participating district's costs for the program in any year, the state aid payments are prorated among the entitled school districts. For the 1988-89 school year, payments were prorated and each participating district received 60.02% of its costs for the program.

Under the program, educational services can be provided either in a home-based setting ("premises readily accessible to student parents") or in a classroom setting. Table 20 shows numbers of pupils who received services in each type of setting in the 1988-89 school year for each participating school district, as well as the amount the school district

received for reimbursement from the state for the School Age Parents program.

TABLE 20

SCHOOL AGE PARENT PROGRAM
1988-89

SCHOOL DISTRICT	CLASSROOM			HOMEBOUND		STATE AID PAID
	STUDENTS		TEACHERS	STUDENTS	TEACHERS	
	M	F				
Amery	0	0	0	2	1	$ 243
Antigo	0	18	1	12	2	12,231
Appleton Area	0	43		0	0	21,706
Ashland	0	0	0	5	6	621
Ashwaubenon	0	3	0	1	1	250
Baraboo	0	10	1	1	2	4,293
Barron	0	2	1	2	1	481
Beaver Dam	1	13	1	0	0	12,719
Belleville	0	0	0	1	1	299
Beloit	0	26	2	0	0	32,459
Black River Falls	0	0	0	1	1	133
Burlington Area	1	13	7	0	0	5,144
Cambria-Friesland	0	0	0	2	1	26
Cameron	0	4	1	2	1	559
CESA 10	0	0	0	8	7	
Chilton	0	2	0	2	1	74
Chippewa Falls	0	2	0	2	1	388
Columbus	0	1	0	1	1	140
Crandon	0	0	0	1	1	111
Cudahy	0	0	0	2	2	1,133
Cumberland	0	1	1	0	0	96
Deerfield Community	0	0	0	2	2	127
Delavan-Darien	0	3	1	3	3	504
Eau Claire Area	4	46	2	18	1	23,871
Edgar	0	2	1	2	1	178
Evansville Community	0	2	1	2	0	1,003
Florence	0	0	0	1	1	140
Fond du Lac	0	24	2	0	0	29,646
Freedom	0	0	0	1	1	564
Germantown	0	0	0	2	1	911
Green Bay Area	0	60	3	0	0	55,807
Greendale	0	1	0	1	1	219
Greenfield	0	2	0	2	2	671
Hamilton	0	6	1	0	0	4,918
Hayward Community	2	23	1	4	3	1,685
Howard-Suamico	0	0	0	5	3	2,730
Hudson	0	4	1	1	2	1,331
Hurley	2	1	3	0	0	193
Iowa-Grant	0	1	0	1	1	494
Janesville	0	40	3	0	0	36,469
Jefferson	0	2	0	2	0	197
Johnson Creek	0	1	0	1	1	248
Kenosha	0	149	6	0	0	25,374
Kettle Moraine	0	3	1	3	1	2,768
Kewaunee	0	1	0	1	1	149
Kiel	0	1	0	1	1	328
La Crosse	0	30	8	7	3	25,101
Ladysmith-Hawkins	2	19	2	3	2	6,763
La Farge	0	0	1	0	0	0
Lake Geneva-Genoa	1	5	0	0	0	2,626
Little Chute	0	0	0	1	1	194

SCHOOL DISTRICT	CLASSROOM			HOMEBOUND		STATE AID PAID
	STUDENTS		TEACHERS	STUDENTS	TEACHERS	
	M	F				
Lodi	0	0	0	1	1	858
Lomira	0	0	0	1	1	250
Madison	0	66	4	3	3	69,532
Maple	0	4	2	4	3	2,276
Marshfield	0	10	1	10	1	4,613
Mayville	0	3	1	3	1	305
Menominee Indian	1	14	2	0	0	34,667
Menomonee Falls	0	0	1	0	0	0
Menomonie Area	0	0	0	1	1	298
Mequon-Thiensville	0	1	0	1	1	288
Merrill Area	0	16	0	16	1	5,910
Milton	0	0	0	1	1	508
Milwaukee	0	393	21	33	62	404,972
Mineral Point	0	1	0	1	1	148
Monroe	0	4	1	0	0	1,724
Mosinee	0	8	7	0	0	1,484
Mukwonago	0	0	0	2	1	1,187
Muskego-Norway	0	8	0	7	1	3,945
New Berlin	0	0	2	0	0	0
New Holstein	0	0	1	5	5	25
New Richmond	0	9	1	4	1	4,076
Northland Pines	0	0	0	1	1	613
Oconomowoc	0	0	0	6	1	4,338
Onalaska	1	2	1	2	1	3,195
Ondossagon	0	1	0	1	1	250
Osceola	0	0	1	5	1	783
Oshkosh	7	26	1	20	1	5,760
Palmyra-Eagle	0	0	0	6	2	3,401
Pardeeville	0	1	0	1	1	136
Pittsville	0	0	1	0	0	2,461
Port Washington-Saukville	0	3	1	1	1	7,759
Poynette	0	1	0	1	1	81
Prairie du Chien	0	3	1	3	3	882
Prairie Farm	0	1	1	1	1	204
Princeton	0	0	0	1	1	323
Pulaski	1	3	2	4	2	2,824
Racine	0	133	1	0	0	22,611
Randolph	0	1	0	1	1	310
Rhinelander	0	12	1	0	0	8,348
Rice Lake Area	0	4	0	4	1	889
Ripon	0	1	0	1	1	359
River Valley	0	3	2	3	2	630
Rosendale-Brandon	0	0	0	4	1	185
St. Croix Falls	0	1	0	1	1	521
Shawano-Gresham	0	1	0	1	1	65
Sheboygan Area	0	26	11	0	0	54,041
Somerset	0	1	0	1	1	378
South Milwaukee	0	0	0	8	3	2,646
Stevens Point	3	21	2	17	4	9,423
Sturgeon Bay	0	2	0	2	2	413
Sun Prairie	0	5	1	0	0	3,686
Superior	0	21	2	0	0	22,824
Tomah Area	0	3	1	3	1	195
Tomahawk	0	1	1	1	1	292
Tomorrow River	0	0	0	1	1	399
Turtle Lake	0	0	1	0	0	0

SCHOOL DISTRICT	CLASSROOM			HOMEBOUND		STATE AID PAID
	STUDENTS		TEACHERS	STUDENTS	TEACHERS	
	M	F				
Unity	0	4	5	0	0	3,575
Viroqua	0	0	1	0	0	0
Waterloo	0	0	0	2	2	312
Waukesha	2	43	11	2	4	62,480
Waupaca	0	0	1	0	0	0
Waupun	0	7	1	0	0	9,897
Wausau	0	2	1	15	1	14,191
Wautoma	0	2	0	2	1	206
Webster	1	2	0	2	1	1,645
West Allis	0	0	0	1	1	264
West Bend	0	14	2	0	0	10,550
West DePere	0	5	0	5	4	1,065
West Salem	0	0	2	3	1	896
Westby Area	0	2	2	0	0	109
Weyauwega-Fremont	0	0	0	3	1	472
Whitnall	0	0	0	2	1	324
Williams Bay	1	0	1	0	0	363
Wisconsin Heights	0	0	0	1	1	157
Wisconsin Rapids	0	20	1	4	1	$14,659
TOTALS*	30	1,479	156	345	205	$1,137,530

*Totals rounded to nearest dollar.

SOURCE: Department of Public Instruction.

For the 1988-89 school year, 1,454 students received classroom instruction under the School Age Parents program, and 345 students received home-bound instruction under the School Age Parents program, for a total of 1,799 students. $1,137,530 was expended for the program during that school year by the state. Of the 430 school districts in the state, as well as one cooperative educational service agency (CESA), 119 provided a School Age Parents program.

Section 46.99, Stats., establishes a day care program for student parents. Section 46.99 (2) permits the DHSS to contract with school boards operating School Age Parents programs under ch. 115, Stats., for the provision of day care programs established and provided by the school board or purchased by the board from a licensed provider. The programs are intended to combine care for eligible children with parenting education and experience for student parents.

The DHSS is required to pay school boards with which it contracts $8 per school day for each eligible child that receives day care in the program for student parents.

2. Human Growth and Development Instruction

The Legislature has established statutory guidelines for instruction in human growth and development for public school districts in Wisconsin and identified several topic areas which school district curricula might address. 1985 Wisconsin Act 56 required every school district to create a human growth and development advisory committee composed of parents, teachers, administrators, pupils, health professionals, members of the clergy and other school district representatives. Each committee is required to develop a human growth and development curriculum, advise the school board on the design, review and implementation of the curriculum and review the curriculum at least every three years. Each committee must file a written report with the DPI indicating that the required review has been done.

Section 118.019, Stats., provides that a school board may, but is not required to, provide an instructional program in human growth and development in grades kindergarten through 12. If a program is provided, the program must offer information and instruction appropriate to each grade level and to the age and level of maturity of the pupils in the grade level. An instructional program may, but is not required to, include instruction in the following areas:

(a) Self-esteem, responsible decision-making and personal responsibility.

(b) Interpersonal relationships.

(c) Discouragement of adolescent sexual activity.

(d) Family life and skills required of a parent.

(e) Human sexuality; reproduction; contraception, including natural family planning; human immunodeficiency virus and acquired immunodeficiency syndrome; prenatal development; childbirth; adoption; available prenatal and postnatal support; and male responsibility.

(f) Sex stereotypes and protective behavior.

Under the statute, no pupil may be required to take instruction in human growth and development or in any of the areas taught under the program, if the pupil's parent files with the teacher or the school principal a written request that the pupil be exempted from the program. The statute requires that each school board providing an instructional program in human growth and development must annually provide the parents of each pupil enrolled in a school district with an outline of the human

growth and development curriculum used in the pupil's grade level and information regarding how the parent may inspect the complete curriculum and instructional materials. The school board must also make the complete human growth and development curriculum and all instructional materials available upon request for inspection at any time, including prior to their use in the classroom.

1989 Wisconsin Act 31 appropriated $200,000 GPR to DPI in fiscal years 1989-90 and 1990-91, to be used for human growth and development grants. Section 118.019 (6), Stats., allows the DPI to award human growth and development grants: (a) to a school board to assist the board in developing or improving a human growth and development curriculum; or (b) to a CESA to enable the CESA to provide technical assistance to a school board to develop or improve a human growth and development curriculum. A school board which receives a human growth and development grant must agree to include instruction in all of the areas of human growth and development listed above.

1989 Wisconsin Act 31 appropriated $307,200 in fiscal year 1989-90 and 1990-91 to the 12 CESA's to be divided among them to provide technical assistance to school boards in developing and improving human growth and development curricula.

The DPI recently surveyed Wisconsin's school districts to evaluate their compliance with human growth and development requirements. The survey showed, among other things, that as of the Summer of 1990, 411 school districts have appointed an advisory committee, as required by law, while 15 school districts had not done so.

As part of the recent audit of programs established or substantially modified by 1985 Wisconsin Act 56, the LAB evaluated school boards' compliance with the human growth and development legislation and recommended that the DPI should develop a plan for:

a. Collecting more complete information on the scope and content of school district curriculum and the number of students served;

b. Fully analyzing the type and scope of state-funded CESA activities; and

c. Continually updating a comprehensive list of needed or desired activities, so that the implications of the Department's human growth and development priorities are fully understood.

The DPI responded to these recommendations as follows:

a. The DPI is considering another department survey which could include questions about the scope and content of school district curriculum and the number of pupils served.

b. 1985 Wisconsin Act 56 does not give DPI direct supervisory control over CESA human growth and development coordinations. Therefore, it may be possible to collect information, but not to prescribe remedies or impose directions on how each CESA chooses to operate its program as long as that CESA follows applicable state statutes.

c. The recommendation that a list be created of needed or desired activities so that DPI's human growth and development priorities are fully understood is being continually addressed.

PART III

1989-90 PROPOSED LEGISLATION

This Part of the Staff Brief describes four legislative proposals related to teen pregnancy prevention which were introduced, but failed to be enacted into law, in the 1989-90 Session: (a) portions of Enrolled 1989 Senate Bill 31 (the Biennial Budget Bill), relating to adolescent health services and child abuse reporting, that were item-vetoed by the Governor; (b) 1989 Assembly Bill 537, relating to sex education in public high schools; (c) 1989 Senate Bill 434, relating to establishing a program of grants for clinics to provide school-based health services for adolescents, requesting a legislative audit of the clinics and making an appropriation; and (d) Senate Amendment 6 to 1989 Senate Bill 542, which related to creating an adolescent board, school-based health services and child abuse reporting.

A. ENROLLED 1989 SENATE BILL 31

Enrolled 1989 Senate Bill 31 was the Enrolled 1989-91 Biennial Budget Bill. Two provisions in the Enrolled Bill relating to adolescent health services and child abuse reporting were item-vetoed by the Governor.

SECTIONS 349r and 2386mw of Enrolled Senate Bill 31 would have appropriated $90,000 for fiscal year 1989-90 to be awarded as a grant by the DHSS to an applying organization for the establishment and maintenance of a clinic to provide school-linked health services in Milwaukee County. The organization would have been required to provide health services to adolescents (defined as persons age 12 to 17) which address primary health care needs of the adolescents. The Enrolled Bill defined "school-linked health services" as health services that are provided in a public school or in a location that is sufficiently near the grounds of a public school to permit ready access by the pupils of the public school.

In his message accompanying the veto, the Governor stated:

> These sections provide $90,000 GPR biennially for school-linked health clinics in Milwaukee. I am vetoing these provisions because the same concerns I expressed about this program when I vetoed it two years ago remain today. First, the program language does not specifically define the services to be provided, which is of particular concern in the area of pregnancy prevention services. Second, my Welfare Reform Commission did not support the concept of school-based clinics and

> instead recommended less controversial methods to reduce teen pregnancies. Finally, health care services can already be received from existing providers such as local public health agencies and family planning clinics.

SECTIONS 1319f and 1319h of Enrolled Senate Bill 31 would have modified the laws dealing with required reporting of child abuse by exempting persons who provide pupil services to children or who make referrals to or obtain information from pupil service providers from having to report certain sexual intercourse or sexual contact involving a child. "Pupil service" was defined in the Bill to mean counseling, psychological services, social work or nursing. In addition, the Bill would have included reproductive health services within the definition of "health care services" for purposes of an exemption to the child abuse reporting law.

In his message accompanying the veto, the Governor stated:

> Current law excepts certain service providers, when providing specific services, from reporting as sexual abuse, sexual intercourse or sexual contact involving a child unless certain enumerated circumstances are present. These sections extend the exception to include persons who provide reproductive health care services, persons who provide pupil services, and persons who refer a child to a health care provider or pupil services provider.
>
> The objections which generated my vetoes of this language when it was part of Wisconsin 1987 Act 27, and again when it came before as Assembly Bill 864, still pertain. I am concerned about the possible connection between reproductive health services and abortion-related services and the connection between pupil services and school-linked or school-based clinics.
>
> I also continue to be concerned about the breadth of the provision excepting persons who refer children to health or pupil services providers because this could except from reporting any child who is sexually active.

B. 1989 ASSEMBLY BILL 537

1989 Assembly Bill 537 was introduced on September 19, 1989 by Representative Lewis and others, cosponsored by Senator Weeden and others, and was referred to the Assembly Committee on Health. The Bill never received a public hearing and died in Committee.

The Bill would have required that instruction in physiology and hygiene, including instruction on sexually transmitted diseases, which must be offered by every school board, must: (1) emphasize that abstinence from sexual activity is the only completely reliable means of preventing unwanted pregnancy; and (2) stress that abstinence from sexual activity and from illegal intravenous use of drugs is the only completely reliable means of preventing sexually transmitted diseases.

C. 1989 SENATE BILL 434

1989 Senate Bill 434 was introduced on February 1, 1990 by Senator Chvala and others, cosponsored by Representative Notestein and others, and was referred to the Senate Committee on Education, Economic Development, Financial Institutions and Fiscal Policies.

Senate Bill 434 would have appropriated $1,500,000 for establishment of a program in the DHSS to provide grants to nonprofit corporations and public agencies for the development and operation of 10 clinics in selected areas in order to provide school-based health services to adolescents who are students or former students of the particular school or who reside in the areas served by the school. Of the clinics funded under the Bill, five would have been located in Milwaukee County and one each would have been located in Dane, Racine, Kenosha, Rock and Outagamie Counties. The Bill also would have modified the state's child abuse reporting law, as described above.

On March 20, 1990, the Joint Committee on Finance introduced Senate Substitute Amendment 1 to 1989 Senate Bill 434. Under the Substitute Amendment, $2,000,000 would have been appropriated for school-based or school-linked health services. The Substitute Amendment deleted the designation of the counties in which the clinics would have been located and left the determination of the locations to the discretion of the DHSS. Under the Substitute Amendment, a clinic would be allowed to serve only persons who provided the clinic with a parental consent form that lists the categories of services that are provided by the organization and that permits one parent or a guardian or legal custodian to indicate the services he or she does not give consent for the adolescent to receive. The Substitute Amendment included the changes in the child abuse reporting law described above.

In addition, the Substitute Amendment would have appropriated $75,000 in fiscal year 1990-91 for operation of a nine-member adolescent board, created by the Substitute Amendment and attached to the DHSS, and appropriated $264,000 for fiscal year 1990-91 for grants to be awarded by the adolescent board. The adolescent board would have consisted of the heads of six specified state agencies or their designees, the Governor or his or her designee and one member each appointed by the President of the Senate and the Speaker of the Assembly.

The adolescent board would have awarded grants to organizations that were selected by the board to participate in a "demonstration project," which was defined as "a comprehensive community-based project funded under [the Substitute Amendment] in which an organization provides comprehensive services to adolescents including health, substance abuse, mental health, academic support, financial, social, legal, vocational training, pregnancy prevention, parenting, child care and care coordination services." In selecting grant recipients, the board would have had to give preference to organizations that serve high-need communities and that were best able to coordinate and deliver services for adolescents according to the criteria developed by the board. Each organization that would have received a grant would have had to provide matching funds equal to 25% of the grant amount awarded.

In addition to awarding grants, the adolescent board would have had to identify and develop ways to improve coordination of adolescent services at the state and local levels by doing all of the following:

(1) Identifying and recommending ways to eliminate governmental barriers to local development of coordinated services for adolescents.

(2) Developing and implementing interdisciplinary training for local providers of services for adolescents to increase the providers' capacity for early identification and referral of problems in adolescents.

(3) Developing a comprehensive needs assessment instrument for adolescents and a data resource file of service providers for adolescents.

(4) Reviewing state programs and policies to ensure that services provided under the programs and policies are sensitive to culture and gender.

(5) Reviewing program evaluations conducted by the various state agencies that provide services

for adolescents and making recommendations regarding funding for those programs.

(6) Developing a plan for awarding grants to organizations to enable them to develop and administer demonstration projects. The plan shall assure that organizations from both urban and rural communities and from all geographic areas of the state have an equal opportunity to receive grants under [the Substitute Amendment].

Under the Substitute Amendment, the adolescent board would have had to prepare an annual report specifying the results of the board's activities and making recommendations on changes needed in state programs, policies, statutes, rules and budgets to improve coordination of services for adolescents at the state and local levels.

Senate Bill 434 was placed on the Senate calendar, where it died.

D. SENATE AMENDMENT 6 TO 1989 SENATE BILL 542

Senate Bill 542 (commonly referred to as the "1990 Mini-Budget") was introduced on March 20, 1990 by Senator George, cosponsored by Representative Kunicki, and was referred to the Joint Committee on Finance. Senate Amendment 6 was introduced by the Joint Committee on Finance. The Senate Amendment was identical to Senate Substitute Amendment 1 to Senate Bill 434, described immediately above. Senate Amendment 6 would have: (1) appropriated $2,000,000 for fiscal year 1990-91 for school-based or school-linked health services; (2) created an adolescent board and appropriated $75,000 for fiscal year 1990-91 for operation of the board and $264,000 for grants for demonstration projects; and (3) modified the state's child abuse reporting law, as described above. The Amendment was adopted by the Senate, but was subsequently deleted by Assembly Amendment 10 and therefore failed to be enacted.

RNS:LR:VE:wu:jt;kja

FOOTNOTES

1. Center for Population Options, Adolescent Contraceptive Use--The Facts (citing two reports on this topic) (June 1990).

2. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Disease Prevention/Health Promotion--The Facts, p. 122 (1988).

3. National Center for Health Statistics, U.S. Department of Health and Human Services, Monthly Vital Statistics Report, Table 4 (August 15, 1990).

4. Jones, Elise F., et al., Teenage Pregnancy in Industrialized Countries, Table 3.3, which cites other studies (1988).

5. Children's Defense Fund, Children 1990--A Report Card, Briefing Book, and Action Primer, Table 5 (citing other reports) (1990).

6. Center for Health Statistics, Wisconsin Department of Health and Social Services, Reported Induced Abortions in Wisconsin--1988, Table 22 (July 1989).

7. Center for Health Statistics, Wisconsin Department of Health and Social Services, Public Health Profiles--Wisconsin--1988 (February 1990).

8. Center for Health Statistics, Wisconsin Department of Health and Social Services, Trends in Maternal and Child Health Statistics--Wisconsin--1968-1988, Table 4 (March 1990).

APPENDIX A

SECTION HSS 107.21, WISCONSIN ADMINISTRATIVE CODE

SECTION HSS 107.21, WISCONSIN ADMINISTRATIVE CODE

HSS 107.21 Family planning services. (1) COVERED SERVICES. (a) *General.* Covered family planning services are the services included in this subsection when prescribed by a physician and provided to a recipient, including initial physical exam and health history, annual office visits and follow-up office visits, laboratory services, prescribing and supplying contraceptive supplies and devices, counseling services and prescribing medication for specific treatments. All family planning services performed in family planning clinics shall be prescribed by a physician, and furnished, directed or supervised by a physician, registered nurse, nurse practitioner, licensed practical nurse or nurse midwife under s. 441.15 (1) and (2) (b), Stats.

(b) *Physical examination.* An initial physical examination with health history is a covered service and shall include the following:

1. Complete obstetrical history including menarche, menstrual, gravidity, parity, pregnancy outcomes and complications of pregnancy or delivery, and abortion history;

2. History of significant illness-morbidity, hospitalization and previous medical care, particularly in relation to thromboembolic disease, any breast or genital neoplasm, any diabetic or prediabetic condition, cephalelgia and migraine, pelvic inflammatory disease, gynecologic disease and venereal disease;

3. History of previous contraceptive use;

4. Family, social, physical health, and mental health history, including chronic illnesses, genetic aberrations and mental depression;

5. Physical examination. Recommended procedures for examination are:

a. Thyroid palpation;

b. Examination of breasts and axillary glands;

c. Auscultation of heart and lungs;

d. Blood pressure measurement;

e. Height and weight measurement;

f. Abdominal examination;

g. Pelvic examination; and

h. Examination of extremities.

(c) *Laboratory and other diagnostic services.* Laboratory and other diagnostic services are covered services as indicated in this paragraph. These services may be performed in conjunction with an initial examination with health history, and are the following:

1. Routinely performed procedures:

a. CBC, or hematocrit or hemoglobin;

b. Urinalysis;

c. Papanicolaou smear for females between the ages of 12 and 65;

d. Bacterial smear or culture (gonorrhea, trichomonas, yeast, etc.) including VDRL — syphilis serology with positive gonorrhea cultures; and

e. Serology;

2. Procedures covered if indicated by the recipient's health history:

a. Skin test for TB;

b. Vaginal smears and wet mounts for suspected vaginal infection;

c. Pregnancy test;

d. Rubella titer;

e. Sickle-cell screening;

f. Post-prandial blood glucose; and

g. Blood test for cholesterol, and triglycerides when related to oral contraceptive prescription;

3. Procedures relating to fertility and infertility:

a. Semen analysis, including pelvic exam as necessary;

b. Endometrial biopsy when performed after a hormone blood test;

c. Hysterosalpingogram;

d. Laparoscopy;

e. Cervical mucus exam;

f. Vasectomies;

g. Culdoscopy; and

h. Coloscopy;

4. Procedures relating to genetics, including:

a. Ultrasound;

b. Amniocentesis;

c. Tay-Sachs screening;

d. Hemophilia screening;

e. Muscular dystrophy screening; and

f. Sickle-cell screening; and

5. Colposcopy, culdoscopy, and laparoscopy procedures which may be either diagnostic or treatment procedures.

(d) *Counseling services.* Counseling services in the clinic are covered as indicated in this paragraph. These services may be performed or supervised by a physician, registered nurse or licensed practical nurse. Counseling services may be provided as a result of request by a recipient or when indicated by exam procedures and health history. These services are limited to the following areas of concern:

1. Instruction on reproductive anatomy and physiology;

2. Overview of available methods of contraception, including natural family planning. An explanation of the medical ramifications and effectiveness of each shall be provided;

3. Counseling about venereal disease;

4. Counseling about sterility;

5. Counseling about sterilization accompanied by a full explanation of sterilization procedures including associated discomfort and risks, benefits, and irreversibility;

6. Genetic counseling accompanied by a full explanation of procedures utilized in genetic assessment, including information regarding the medical ramifications for unborn children and planning of care for unborn children with either diagnosed or possible genetic abnormalities;

7. Information regarding teratologic evaluations; and

8. Information and education regarding pregnancies at the request of the recipient, including pre-natal counseling and referral.

(e) *Contraceptive methods.* Procedures related to the prescription of a contraceptive method are covered services. The contraceptive method

selected shall be the choice of the recipient, based on full information, except when in conflict with sound medical practice. The following procedures are covered:

1. Those related to intrauterine devices (IUD):

a. Furnishing and fitting of the device;

b. Localization procedures limited to sonography, and up to 2 x-rays with interpretation;

c. A follow-up office visit once within the first 90 days of insertion; and

d. Extraction;

2. Those related to diaphragms:

a. Furnishing and fitting of the device; and

b. A follow-up office visit once within 90 days after furnishing and fitting;

3. Those related to contraceptive pills:

a. Furnishing and instructions for taking the pills; and

b. A follow-up office visit once during the first 90 days after the initial prescription to assess physiological changes. This visit shall include taking blood pressure and weight, interim history and laboratory examinations as necessary.

(f) *Office visits.* Follow-up office visits performed by either a nurse or a physician and an annual physical exam and health history are covered services.

(g) *Supplies.* The following supplies are covered when prescribed:

1. Oral contraceptives;

2. Diaphragms;

3. Jellies, creams, foam and suppositories;

4. Condoms; and

5. Natural family planning supplies such as charts.

(2) SERVICES REQUIRING PRIOR AUTHORIZATION. All sterilization procedures require prior authorization by the medical consultant to the department, as well as the informed consent of the recipient. Informed consent requests shall be in accordance with s. HSS 107.06 (3).

Note: For more information on prior authorization, see HSS 107.02 (3).

(3) NON-COVERED SERVICES. The sterilization of a recipient under the age of 21 or of a recipient declared legally incapable of consenting to such a procedure is not a covered service.

Note: For more information on non-covered services, see s. HSS 107.03.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

APPENDIX B

ADOLESCENT PREGNANCY PREVENTION AND PREGNANCY SERVICES BOARD

ADOLESCENT PREGNANCY PREVENTION
AND PREGNANCY SERVICES BOARD

VOTING MEMBERS*	
NAME	NOMINATING ORGANIZATION
Joseph Dallas, Sr.	Blacks for Life
Robert G. Hintz	Knights of Columbus State Council
Edward Malkasian	Wisconsin Women's Network
Pam Rucinski	Wisconsin Right to Life, Inc.
Dr. Herbert Sandmire	Wisconsin Society of Obstetrics and Gynecology
Rhonda Taylor	Wisconsin Minority Women's Network

VOTING MEMBERS**	
NAME	STATE AGENCY REPRESENTED
Hannah Rosenthal	Wisconsin Women's Council
Dana Alder	Department of Industry, Labor and Human Relations, Division of Employment and Training
Barbara Bitters	Department of Public Instruction (DPI)
Anne Dopp	Department of Health and Social Services (DHSS), Division of Health
Beth Hovind	DHSS, Division of Community Services
Raejean Kanter	DPI
Connie Threinen	Women's Education Resource, University of Wisconsin-Extension

STAFF
Barbara Kay, Administrator
Charlene Koci, Program Assistant

*Appointed by the Governor.

**Appointed by the Wisconsin Women's Council, except that the statutes provide that the Executive Director of the Wisconsin Women's Council is a member and serves as Chairperson of the Board.

END

U.S. Dept. of Education

Office of Education
Research and
Improvement (OERI)

ERIC

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